

Exhibit

3

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA**

TIMOTHY WISE,

Plaintiff,

v.

Civil Action No. 1:20-cv-00056

C. MARUKA, et al.,

Defendants.

DECLARATION OF KEVIN THOMPSON

In accordance with the provisions of Section 1746 of Title 28, United States Code, I, Kevin Thompson, do hereby make the following declaration:

1. I am the Health Services Administrator (“HSA”) at the Federal Correctional Institution (“FCI”) McDowell, West Virginia.
2. As the HSA, I provide administrative oversight for the Health Services Department at FCI McDowell.
3. I understand inmate Timothy Wise (“Plaintiff”), Register Number 03540-063 has filed a lawsuit challenging, among other things, the medical treatment he has received while incarcerated at FCI McDowell.
4. To ensure the orderly functioning of the Health Services Department at FCI McDowell, the institution has established procedures for inmates to request medical and dental appointments.
5. This procedure is outlined in the institutional Admissions and Orientation Handbook provided to each inmate upon arriving at the institution and available for review at the institution’s library.
6. Inmates in general population wishing to be seen by medical or dental staff are directed to bring their ID card to the Health Services Department during the morning sick-call move.
7. Sick-call move is the first move of the morning, four days per week: Monday, Tuesday, Thursday, and Friday, except for holidays.
8. Appointments are made by coming to the Health Services Department during

this time. The inmate must present his ID card along with his sick call form at the sign-up desk. The form must include the inmate's name, register number, and complaint details.

9. Once a sick call request is received from an inmate, Health Services staff members will log the request and determine whether the inmate should be seen immediately or if the inmate will be placed on the call-out list for a later date and time for an appointment.
10. This determination is made based on the nature of the complaint.
11. For inmates in the Special Housing Unit ("SHU"), medical staff make rounds in the SHU a minimum of two times per day. The first round is conducted at 6:00 - 6:30 AM, and the second visit occurs during the evening after the count clears (generally around 6:30 PM).
12. It is the inmate's responsibility to be standing at their door during the morning rounds in order to request a sick call visit.
13. Depending on the nature of the inmate's complaint, an appointment will be made at the appropriate time.
14. Sick call requests are accepted in SHU on Monday, Tuesday, Thursday, and Friday.
15. Regarding requests for dental treatment, inmates at the FCI who wish to have a dental cleaning must submit an Inmate Request to Staff Member (Cop-out).
16. The inmate is then placed on a waiting list and advised of the approximate date of his scheduled appointment.
17. If an inmate is experiencing a medical emergency, including a dental emergency, they are to report the emergency to the closest staff member, who will then contact Health Services for further instructions and assistance.
18. Plaintiff's records from FCI McDowell reflect that he had submitted no sick call requests and no dental sick call requests at the time of the filing of the Amended Complaint in February 2, 2020. Plaintiff did make one sick call request on February 4, 2020.
19. However, Plaintiff's medical record indicates that he has also been provided education and counseling on how to access health care at least six times.

20. However, Plaintiff has been seen several time by health services in relation to other events.
21. When Plaintiff initially arrived at FCI McDowell, an intake medical screening was conducted. This occurred on July 23, 2019.
22. During the screening, Plaintiff informed medical staff that he had a history of seizures. He stated that they are sporadic and there is no real trigger. He reported that he experienced several small seizures a year that he did not report to medical.
23. He also stated that he had had a fractured right temporal lobe and fractured neck spinal process from a fight that occurred in prison in July of 2007.
24. Plaintiff made no complaints relating to dental issues during his screening.
25. On September 24, 2019, Plaintiff was seen by medical in the SHU. He reported that he had had a seizure the previous night on September 23, 2019.
26. Reports from BOP staff indicated that on September 23, 2019, at 7:23 pm., a medical emergency was announced in the B-4 housing unit.
27. Specifically, Plaintiff was observed to be incoherent and rolling on the floor in cell 229 with a homemade smoking pipe in his hand.
28. When examined by medical the following day, Plaintiff did not appear to be in distress, and no injuries were noted. Plaintiff had no complaints at the time of the encounter.
29. On October 29, 2019, Plaintiff was again seen by medical in the SHU following suspected narcotic use.
30. At the time of the encounter, Plaintiff denied injury, and no signs of distress were noted.
31. Plaintiff was next seen by medical on December 5, 2019. During that encounter, Plaintiff reported no injury or pain.
32. It was noted that he was alert and oriented, that no apparent distress was noted, that he denied any fights/altercations/injuries, and that he was ambulatory without difficulty.
33. On December 9, 2019, Plaintiff was the subject of another emergency medical call.

34. An officer observed Plaintiff fall down and hit his head on a bunk in his cell.
35. Medical staff responded to the emergency, and upon arrival, staff noted that the cell where Plaintiff was located had a strong smell of smoke.
36. Plaintiff was lying on the cell floor unresponsive to verbal commands but breathing. Plaintiff was placed in a c-collar for his safety.
37. While staff was retrieving the backboard to transport Plaintiff out of the cell, Plaintiff became combative, kicking and trying to bite staff.
38. Once Plaintiff was transported to medical, he responded to a sternal rub by opening his eyes. Eventually, he was able to say his first name.
39. Based on staff observations, it was believed Plaintiff was suffering from the toxic effects of ingesting an unknown substance.
40. Medical staff had Plaintiff sent to the Emergency Room for further evaluation.
41. The next day, December 10, 2019, Plaintiff returned from the hospital to the institution. He was seen in medical, and he reported no complaints or pain. He further denied any problems during the medical trip.
42. On January 1, 2020, Plaintiff was seen in medical because he was observed by staff to have an altered mental status.
43. He was observed in the unit to be on the floor shaking his arms. When found, Plaintiff was breathing.
44. When he was transported to medical, it was noted that a narcotic overdose was suspected. Specifically, Plaintiff's pupils had a sluggish response to light.
45. Medical staff decided to give Plaintiff a dose of Narcan to counteract the potential effects of an overdose.
46. Narcan is used for the treatment of an opioid emergency or a possible opioid overdose with signs of breathing problems and severe sleepiness or not being able to respond. It works by temporarily reversing the effects of opioid medicines. The medicine in Narcan has no effect in people who are not taking opioid medicines.

47. After the Narcan was given, Plaintiff did become more aware, and he was able to speak some. He stated that he had a seizure and that medical staff did not believe him.
48. After that, Plaintiff would only look at the nurse in response to verbal stimuli, and he would not talk or answer questions.
49. It was determined that Plaintiff should be sent to the hospital for further evaluation.
50. On January 6, Plaintiff was seen for a medical trip return encounter in Health Services.
51. At that time, he reported that he was experiencing throbbing lower back pain, and he rated his pain as a 10 on a scale of 1-10. He stated he was unsure of when the pain started but that it had been approximately 3-5 days.
52. Plaintiff also showed medical staff one area on his hip and one area on his anterior thigh that were bruised. Plaintiff stated the bruises were from a seizure.
53. Plaintiff was given Ibuprofen for his back pain. He was told to take one 800 mg tablet every eight hours for five days.
54. On January 29, 2020, Plaintiff was seen in Health Services for a chronic care clinic encounter. The issues addressed at that encounter were his history of Hepatitis C and his neurological concerns.
55. Regarding the neurological concerns, it was noted that Plaintiff had a history of seizures and that he had previously been on medication for the issue.
56. It was noted that a request for a neurological consult had already been placed.
57. Plaintiff denied any seizure activity since his return from the ER, and Plaintiff denied any pain.
58. As a result of the assessment, Plaintiff was prescribed Oxcarbazepine to address his complaints of seizure. However, it was noted in his assessment that it was unclear whether Plaintiff had a true seizure due to the factors that indicated his medical emergencies was the result of drug ingestion.
59. Attached are true and accurate copies of the following documents, excised for relevance and for privacy and security:

Attachment A: Medical Records
Attachment B: Admissions and Orientation Handbook

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this 7 day of April 2020.

Kevin S. Thompson
Kevin Thompson
Health Services Administrator
FCI McDowell

Attachment A

INMATE ADMISSION & ORIENTATION HANDBOOK



FCI/FPC MCDOWELL, WV

Revised August 27, 2012

**FCI McDowell, WV
Inmate Information Handbook
Federal Bureau of Prisons**

Introduction

The purpose of this handbook is to provide inmates arriving at FCI/FPC McDowell with information regarding the Bureau of Prisons (BOP), its programs, and the rules and regulations they will encounter during confinement. It is not a specific guide to the detailed policies of the BOP. Rather, the material in this handbook will help new inmates more quickly understand what they will be encountering when they enter prison, and hopefully assist them in their initial adjustment to incarceration at FCI/FPC McDowell. This information will be made available during the institution's Admission and Orientation Program.

INTAKE, CLASSIFICATION AND THE UNIT TEAM**Orientation**

Inmates are given a social screening by Unit Management staff and medical screening by Health Services staff at the time of arrival and later by the Mental Health staff. Inmates are immediately provided with a copy of the institution rules and regulations, which include information on inmate rights and responsibilities.

Upon arrival inmates will participate in the Admission and Orientation (A&O) Program. While in A&O, inmates are advised of the programs, services, policies and procedures regarding the facility. In addition, they will receive information from staff regarding departmental programs and operations.

Classification Teams (Unit Teams)

FCI McDowell is organized into a Unit Management system. A unit is a self-contained inmate living area that includes both housing sections and office space for unit staff. Each unit is staffed by a Unit Team directly responsible for the inmates living in the unit. The unit offices are located in the units so staff and inmates can be accessible to each other. The unit staff typically includes a Unit Manager, Case Manager, Correctional Counselor and Unit Secretary. The Staff Psychologist, Education Advisor and Unit Officer are considered members of the Unit Team, and they provide input for classification purposes.

Inmates are assigned to a specific Unit Team. Generally, the resolution of issues or matters of interest while at the institution are most appropriately initiated with the Unit Team. Unit Team members are available to assist in many areas, including parole matters, release planning, personal and family problems, counseling and assistance in setting and attaining goals while in prison. Ordinarily, a member of the unit staff will be at the institution from 7:30 a.m. to 9:00 p.m., and during the day on weekends and holidays. The Unit Team usually schedules their working hours to ensure one team member will be available when inmates are not working.

Transferring directly to another institution.
Participating in selected educational, social, civic, religious and recreational activities.
Any other significant reason consistent with the public interest.

In all units, pre-release programming will be emphasized, and staff will address concerns about readjustment, current community issues and educational/vocational opportunities. For eligible inmates, furloughs and Community Correction Center (halfway houses) placements will be considered.

Central Inmate Monitoring System

The Central Inmate Monitoring System (CIMS) is a method for the Bureau's Central and Regional Offices to monitor and control the transfer, temporary release, and participation in community activities of inmates who pose special management considerations. Designation as a CIMS case does not prevent an inmate from participating in community activities. All inmates who are designated as CIMS cases will be so notified by their Case Manager.

Marriages

If an inmate wishes to be married while incarcerated, the Warden may authorize him to do so under certain conditions. All expenses of the marriage will be paid by the inmate. Government funds may not be used for marriage expenses. Refer to Unit Team for marriage request procedures. The Chaplains are available to discuss with an inmate issues of marriage while incarcerated.

Barber Shop

Haircuts and hair care services are authorized in the barber shop only. Hours of operation will be posted in each of the housing units and the barber shop.

FCI/FPC McDowell Health Services Department

Our **mission** is to provide quality medical, dental, and mental health care for the inmate population, consistent with Bureau of Prisons Policy. This care will be rendered within the constraints of custody, but will recognize the inherent worth of each individual.

PATIENT RIGHTS AND RESPONSIBILITIES

While in the custody of the Federal Bureau of Prisons you have the right to receive health care in a manner that recognizes your basic human rights, and you also accept the responsibility to respect the basic human rights of your health care providers.

1. You have the right to health care services, based on the local procedures at your institution. Health Services include medical sick call, dental sick call and all support services. Sick call at this institution is conducted as outlined in the sections below.

2. You have the right to be offered a “Living Will”, or to provide the Bureau of Prisons with “Advance Directives” that would provide the Bureau of Prisons with instructions if you are admitted, as an inpatient, to a hospital in the local community, or the Bureau of Prisons.
3. You have the right to participate in health promotion and disease prevention programs, including education regarding infectious diseases.
4. You have the right to know the name and professional status of your health care providers. Know the name and professional status of your health care providers.
5. You have the right to be treated with respect, consideration and dignity.
6. You have the right to be provided with information regarding your diagnosis, treatment and prognosis.
7. You have the right to be examined in privacy.
8. You have the right to obtain copies of certain releasable portions of your health record.
9. You have the right to address any concern regarding your health care to any member of the institution staff including your physician, the Health Services Administrator, members of your Unit Team and the Warden.
10. You have the right to receive prescribed medications and treatments in a timely manner, consistent with the recommendations of the prescribing health care providers.
11. You have the right to be provided healthy and nutritious food. You have the right to be instructed regarding a healthy choice when selecting your food.
12. You have a right to request a routine physical examination, as defined by BOP policy. If you are under the age of 50, once every two years; over the age 50, once a year.
13. You have the right to dental care as defined in BOP policy, to include preventative services, emergency care and routine care.
14. You have the right to a safe, clean and healthy environment, including smoke-free living areas.

15. You have the right to refuse medical treatment in accordance with BOP policy. Refusal of certain diagnostic tests for infectious diseases can result in administrative action.
1. You have the responsibility to comply with the health care policies of your institution. You have the responsibility to follow recommended treatment plans that have been established for you by institution health care staff, to include proper use of medications, proper diet, and following all health-related instructions with which you are provided.
2. You have the responsibility to provide the Bureau of Prisons with accurate information to complete this agreement.
3. You have the responsibility to maintain your health and not to endanger yourself, or others, by participating in activity that could result in the spreading or contracting of an infectious disease.
4. You have the responsibility to respect these providers as professionals and follow their instructions to maintain and improve your own health.
5. You have the responsibility to treat staff in the same manner.
6. You have the responsibility to keep this information confidential.
7. You have the responsibility to comply with security procedures.
8. You have the responsibility of being familiar with the current policy to obtain these records.
9. You have the responsibility to address your concerns in the accepted format, such as the Inmate Request to Staff Member form, open houses or the accepted Inmate Grievance Procedures.
10. You have the responsibility to comply with prescribed treatments and follow prescription orders. You also have the responsibility not to provide any other person your medication or other prescribed item.
11. You have the responsibility to eat healthy and not abuse or waste food or drink.
12. You have the responsibility to notify medical staff that you wish to have an examination.
13. You have the responsibility to maintain your oral hygiene and health.

14. You have the responsibility to maintain the cleanliness and safety of living and working areas in consideration of others. You have the responsibility to follow smoking rules.
15. You have the responsibility to be counseled regarding the possible ill effects that may occur as a result of your refusal. You also accept the responsibility to sign the refusal.

Health Services holds “Open House” for Medical Records and Dental on Wednesdays from 12:00 p.m. to 12:45pm or last call for mainline whichever comes first. This open house is for your convenience. Any questions or concerns you have regarding your health care may be discussed during these hours.

HOW TO MAKE MEDICAL/DENTAL SICK CALL APPOINTMENTS

To make a sick call appointment, bring your ID card to the Health Services Department during the morning sick-call move (this move will occur as the first move of the morning, four days per week: Monday, Tuesday, Thursday, and Friday, except for Holidays. Appointments are made by coming to the Health Services Department during this time and requesting an appointment.

- A. ALWAYS BRING YOUR “ID CARD” TO SIGN UP FOR SICK CALL.
- B. Present your ID card along with your sick call form at the sign-up desk.
You must fill out the sick call form in ink. The form must include your name, register number, and complaint. Please be as thorough as possible on the form.
- C. You will either be seen immediately, or you will be placed on the call-out for the date and time you are to return to the Health Services Department, depending on the nature of your medical or dental problem.
- D. Dental sick call sign up requires this sick call form.
- E. Try not to arrive at the Health Services Department earlier than five minutes prior to your appointment, and do not arrive later than five minutes after your appointment.

TARDINESS FOR SICK CALL: You must report for ALL sick call appointments, as well as ALL appointments scheduled via the call out. You are expected to arrive for your appointment on time, with your ID card. You are not to arrive any sooner than five minutes before the scheduled time of your appointment, and no later than five minutes after. If you are more than ten minutes late, and the reason is not justified or substantiated by staff, your appointment will be canceled, and appropriate disciplinary action taken as it pertains to your absence from a scheduled assignment.

Sick Call Procedures for Inmates housed in the Special Housing Unit (SHU)

- A. Medical staff make rounds in the Special Housing Unit a minimum of two times per day. The first visit at 6:00 - 6:30 AM and the second visit during the evening after the count

clears (generally around 6:30 PM).

B. It is the inmate's responsibility to be standing at their door during the morning rounds in order to request a sick call visit. Depending on the nature of the inmate's complaint, an appointment will be made at the appropriate time.

C. Sick call requests will be accepted on Monday, Tuesday, Thursday, and Friday.

ROUTINE DENTAL CARE

New commitments are seen by the Dental Department as part of the A&O process. At this time, they will be able to establish a treatment plan in regard to your immediate needs. Requests for routine work are to be submitted to the Dentist on an Inmate Request To Staff (Cop Out) for FPC inmates. You must watch the call outs for your appointment time. If you are not seen here for an A&O exam, submit a cop out if you wish to be placed on the treatment list.

Inmates at the FCI who wish to have a dental cleaning, must submit an Inmate Request to Staff Member (Cop-out). You will be placed on a waiting list and advised of the approximate date of your scheduled appointment. Camp inmates must submit an Inmate Request To Staff Member to be placed on the waiting list for a dental cleaning. Inmates, FCI/SPC, who are already on the waiting list for cleanings or routine dental care in BEMR will be seen accordingly and do not need to resubmit a Cop-out. However, inmates must inquire through mainline or Cop-out to see their status in BEMR.

SPC dental sick call forms are accepted on Tuesdays only. Dental services may also be accessed through the Inmate Request to Staff Member (cop-out) process.

As with scheduled appointments you **MUST** show up for your dental appointments, whether they be emergency, sick call, or scheduled on the posted call outs.

Report any emergencies to staff immediately and appropriate action will be taken.

PHYSICAL EXAMINATIONS

All newly committed inmates will receive a complete physical examination, including dental exam, laboratory tests, immunizations, Tuberculosis test, eye screening, and in some cases, a chest x-ray. The medical A&O exams are conducted on Wednesdays. Inmates are required to be at the Health Services Department on the day their exam is scheduled. Inmates are eligible for a complete physical every two years if under 50, and a complete physical every year if over 50 years of age. If you are over 50 you are also eligible for a yearly EKG. If it has been one year since your last physical exam, you may request a release physical two months prior to your release date. **Each inmate is entitled to**

request a Health Care Prevention Visit every three years prior to the age of 50, and every year after the age of 50. Send your request for a physical exam to the Health Services Department on an Inmate Request to Staff form (Cop Out). Please the BOP Clinical Practice Guidelines for Preventative Health.

EYEGASSES/CONTACT LENSES

A consultant eye doctor comes to the institution on a scheduled basis. FCI/SPC inmates who wish to be evaluated for eyeglasses must report to Health Services during sick call hours. At that time, you will be placed on a waiting list and advised of an approximate date of your appointment. Your name will be placed on the call out for the date of your appointment. If the eye doctor determines you need a pair of glasses, we will order them for you at government expense. It takes approximately four to six weeks to receive them. Outside eyeglasses can be purchased by a vendor only (no family member involvement). The amount for outside glasses shall not exceed \$150.00. **If you arrive to the institution with contacts lenses or if you have them sent from an outside vendor, they will be sent home.**

CONSULTANT REFERRALS TO OUTSIDE MEDICAL FACILITIES, DOCTORS

If the physician at this institution determines that your particular medical/dental problem cannot be evaluated or handled at this facility, you will be referred to the most appropriate medical setting. This could be a local clinic, or another Bureau medical center. Once the care is completed, you will be transferred back to this institution.

Violation of any of these restrictions subjects you to disciplinary action. If there is confusion concerning your duty status or restriction, notify a Health Services staff member through a cop out or sick call.

CALL OUTS

The call out system is utilized by Health Services for clinical appointments, follow-up visits, and x-ray or laboratory procedures.

*******LOOK AT THE CALL OUT EVERY EVENING*******

*******ALL MEDICAL CALL OUTS ARE MANDATORY*******

FAILURE TO REPORT FOR MEDICAL CALL OUTS WILL RESULT IN AN INCIDENT REPORT

EMERGENCY APPOINTMENTS

In the event you become ill, or have an accident which requires immediate medical attention, you are to notify your supervisor or the closest staff member who will then contact the Health Services Department for instructions. DO NOT JUST WALK INTO THE HEALTH SERVICES DEPARTMENT WITHOUT PRIOR APPROVAL FROM A HEALTH SERVICES STAFF MEMBER..

CAMP SICK CALL

Inmates who are assigned to the Federal Prison Camp may make sick call appointments in the morning between the hours of 6:30 AM and 6:45 AM., (Monday, Tuesday, Thursday and Friday) The inmate will be responsible for completing an Inmate Sick Call Sign Up form, in ink, and reporting to Camp Health Services during the time frame specified above. A Physician's Assistant or Registered Nurse will screen all appointment requests and either give the inmate an appointment for the same day, or schedule an appointment at a later date. For those appointments which are scheduled for a later date, the inmate will be placed on a call-out.

INMATE COPAYMENT PROGRAM

Pursuant to the Federal Prisoner Health Care Copayment Act (FHCCA) of 2000 (P.L. 106-294, 18 U.S.C. § 4048), The Federal Bureau of Prisons and FCI/FPC McDowell provide notice of the Inmate Copayment Program for health care, effective October 3, 2005.

A. **Application:** The Inmate Copayment Program applies to anyone in an institution under the Bureau's jurisdiction and anyone who has been charged with or convicted of an offense against the United States, except inmates in inpatient status at a Medical Referral Center (MRC). All inmates in outpatient status at the MRCs and inmates assigned to the General Population at these facilities are subject to co-pay fees.

B. **Health Care Visits with a Fee:**

1. You must pay a fee of \$2.00 for health care services, charged to your Inmate Commissary Account, per health care visit, if you receive health care services in connection with a health care visit that you requested, except for services described in section C., below.

Attachment B

Bureau of Prisons**Health Services****Health Screen**

Inmate Name: WISE, TIMOTHY S
Date of Birth: [REDACTED]
Encounter Date: 07/23/2019 16:55

Sex: M
Provider: Alexander, Robert RN

Reg #: 03540-063
Race: WHITE
Facility: MCD

Seizures:

Type: Unknown
Frequency: > 1 per year
Age of Onset:
Last Seizure: < 1 month

Comments: states seizures are sporadic and there is no real trigger. states having several small seizures a year that he doesn't bother medical about. Fractured skull right temporal lobe and fractured neck spinal process from assault/fight while in prison in July 2007.

not on medications

Diabetes: Denied
Cardiovascular: Denied
CVA: Denied
Hypertension: Denied
Respiratory: Denied
Sickle Cell Anemia: Denied
Carcinoma/Lymphoma: Denied
Allergies: Denied

Tuberculosis:

Hx of Previous Disease: No

Blood-tinged Sputum: No

Night Sweats: No

Weight Loss: No

Fever: No

Cough: No

Comments:

Inmate Name: WISE, TIMOTHY S

Date of Birth: [REDACTED]

Encounter Date: 07/23/2019 16:55

Sex: M

Provider: Alexander, Robert RN

Reg #: 03540-063

Race: WHITE

Facility: MCD

Infectious Disease Risk Factors:

[REDACTED] [REDACTED]
 [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED] s

Comments: prior to 17 years ago, traveled extensively, Japan, Jamaica, Hawaii, Mexico

have you traveled outside the US in the past 21 days: no

tattoos - bilateral arms, bilateral legs

[REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Hepatitis:

<u>Hepatitis Type</u>	<u>Age of Onset</u>	<u>When Diagnosed</u>	<u>Jaundice</u>	<u>Comments</u>
C	Adult (18-30 Years)	2003	No	

Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: No
Gonorrhea: No
Herpes: No
Chicken Pox: Yes
Other: No
Comments: chicken pox as a child

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M

Race: WHITE

Encounter Date: 07/23/2019 16:55

Provider: Alexander, Robert RN

Facility: MCD

Abuse History: Denied**Physical:** No**Emotional:** No**Sexual:** No**Comments:** Denies victimization of abuse; denies perpetration of abuse**Mental Health:****Level of Consciousness:** Alert and Oriented**Psychomotor Activity:** Normal**General Appearance:** Normal**Behavior:** Cooperative**Mood:** Appropriate to Content**Thought Process:** Goal Directed**Thought Content:** Normal**Hx of Mental Health Treatment:** None**Hx of Head Injury:** None**Current Mental Health Treatment:** No**Current Mental Health Complaint:** No**Hx of Loss of Consciousness:** No**Hx of Hearing Voices:** No**Past History of Suicide Attempt:** No**Current Suicide Ideation:** No**Suicide Prevention Initiated:** No**Comments:****Substance Use History:** Denied**Current Painful Condition:** Denied**Other Health Issues:****Current Medical Conditions:****Other Current Treatments:****Pregnant:** N/A**Dental Condition:** Denied

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

[REDACTED] [REDACTED]

Sex: M

Race: WHITE

Encounter Date: 07/23/2019 16:55

Provider: Alexander, Robert RN

Facility: MCD

Observations:**Draining Skin Lesions:** No**Signs of Lice:** No**Signs of Scabies:** No**Signs of Recent Trauma:** No**Recent Tattoos:** No**Needle Marks:** No**Signs of Rash:** No**Open Sores:** No**Wounds:** No**Body Deformities:** No**Tremors:** No**Sweating:** No**Comments:****Prosthetic Devices/Equipment:** Denied**Potential Items For Follow-up:****Item**

Seizure History

Tattoos

Travel Outside US

Hepatitis - C

Other Infectious Disease History

PPD Administration Not Performed

Health Problems Newly Identified During This Encounter:**Health Problem****Medication Reconciliation.****The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.****Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
817012-OKL	Ibuprofen 800 MG Tab	07/23/2019 16:55	Take one tablet (800 MG) by mouth twice daily x 30 day(s)
817014-OKL	Triamcinolone 0.1% 15 GM Cream	07/23/2019 16:55	Apply a small amount topically to the affected area(s) twice daily AS NEEDED PRN x 30 day(s)

Reconciled Medications:

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	817012-OKL	Ibuprofen 800 MG Tab	Take one tablet (800 MG) by mouth twice daily

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M

Race: WHITE

Encounter Date: 07/23/2019 16:55

Provider: Alexander, Robert RN

Facility: MCD

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	817014-OKL	Triamcinolone 0.1% 15 GM Cream	Apply a small amount topically to the affected area(s) twice daily AS NEEDED
		OTC		No known OTCs	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Chronic Care Clinics-Infectious Disease-Hep C Viral Load [REDACTED]	One Time	08/13/2019 00:00	Routine

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Marrero, Maria F MD/RMD**Telephone or Verbal order read back and verified.**

Completed by Alexander, Robert RN on 07/23/2019 17:02

Requested to be cosigned by Marrero, Maria F MD/RMD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S
Date of Birth: [REDACTED]
Encounter Date: 08/19/2019 14:32

Sex: M Race: WHITE
Provider: Vest, S. FNP

Reg #: 03540-063
Facility: MCD
Unit: B07

Chronic Care - 14 Day Physician Eval encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Vest, S. FNP

Chief Complaint: INFECTIOUS DISEASE

Subjective: Inmate with history of hepatitis C. He denies any abdominal pain or swelling at this time. No current labs in BEMR to review. Inmate stated that he received treatment and record reflect he did get Harvoni. Will order follow up labs.

Pain: No

Seen for clinic(s): Infectious Disease

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G, S3, S4

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Soft

No: Guarding, Rigidity, Tenderness on Palpation

ASSESSMENT:

Hepatitis C, chronic w/o mention of hepatic coma, 070.54 - Current

PLAN:

Other:

VL load ahs been ordered.

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 08/19/2019 14:32

Provider: Vest, S. FNP

Unit: B07

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Vest, S. FNP on 08/19/2019 14:33

Requested to be cosigned by Marrero, Maria F MD/RMD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S
Date of Birth: [REDACTED]
Encounter Date: 09/24/2019 14:22

Sex: M Race: WHITE
Provider: Alexander, Robert RN

Reg #: 03540-063
Facility: MCD
Unit: Z05

Nursing - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Alexander, Robert RN

Chief Complaint: No Complaint(s)

Subjective: Inmate states he had a seizure last night denies any drug use. States no injuries. report from lieutenants reads as follows: On September 23, 2019, at 7:23 PM, a medical emergency was announced in the B-4 housing unit. Specifically inmate Timothy Wise REG# 03540-063 was incoherent and rolling on the floor in cell 229 with a homemade smoking pipe in his hand. Wise was placed on a medical gurney and escorted from the unit without further incident.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/24/2019	14:23 MCD	Unavailabl e	0.0		Alexander, Robert RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/24/2019	14:23	Unavailable			Alexander, Robert RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/24/2019	14:23 MCD	Unavailable	Alexander, Robert RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/24/2019	14:23 MCD	Unavailabl				Alexander, Robert RN

Exam:

General

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Head

General

Yes: Symmetry of Motor Function

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 09/24/2019 14:22

Provider: Alexander, Robert RN

Unit: Z05

Exam:**ASSESSMENT:**

No Significant Findings/No Apparent Distress

No signs of distress noted. No injuries noted.

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>
09/24/2019	Counseling

<u>Handout/Topic</u>
Access to Care

<u>Provider</u>
Alexander, Robert

<u>Outcome</u>
Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Alexander, Robert RN on 09/24/2019 14:26

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S

Date of Birth: [REDACTED]

Encounter Date: 10/29/2019 14:22

Sex: M Race: WHITE

Provider: Walters, Tiffany RN

Reg #: 03540-063

Facility: MCD

Unit: Z05

Nursing - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Walters, Tiffany RN**Chief Complaint:** No Complaint(s)**Subjective:** Assessment of inmate following suspected narcotic use.**Pain:** No**OBJECTIVE:****Exam:****General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin**General**

Yes: Within Normal Limits, Dry, Skin Intact

Head**General**

Yes: Symmetry of Motor Function

No: Trauma

Eyes**General**

Yes: PERRLA, Extraocular Movements Intact

Ears**External Ear**

Yes: Within Normal Limits

Nose**General**

Yes: Nares Patent, Turbinates Normal, Septum Intact

Face**General**

Yes: Symmetric

No: Trauma

Mouth**General**

Yes: Within Normal Limits

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 10/29/2019 14:22

Provider: Walters, Tiffany RN

Unit: Z05

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Musculoskeletal**Gait**

Yes: Normal Gait

Neurologic**Glasgow Coma Scale**

Yes: GCS 15

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate states "I don't know what happened last night." A&O during assessment. Denies any injuries. No ss of distress noted. Informed of SHU sick call procedure. Expressed understanding.

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/29/2019	Counseling	Access to Care	Walters, Tiffany	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Walters, Tiffany RN on 10/29/2019 14:28

Requested to be cosigned by Carothers, Chandra PA-C.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S

Date of Birth: [REDACTED]

Encounter Date: 12/05/2019 12:46

Sex: M Race: WHITE

Provider: Walters, W. RN

Reg #: 03540-063

Facility: MCD

Unit: C01

Nursing - Evaluation encounter performed at Other.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Walters, W. RN**Chief Complaint:** No Injury**Subjective:** medical assessment**Pain:** No**OBJECTIVE:****Exam:****General****Affect**

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin**General**

Yes: Skin Intact

Trauma

No: Deformity, Swelling, Edema, Hematoma, Laceration, Abrasion, Puncture Wound, Hemorrhage, Ecchymosis, Burn

Head**General**

Yes: Atraumatic/Normocephalic

Temporal Mandibular Joint

Yes: Full Range of Motion

Eyes**General**

Yes: PERRLA, Extraocular Movements Intact

Pupils

Yes: PERRLA

Ears**External Ear**

Yes: Within Normal Limits

No: Ecchymosis

Nose**General**

Yes: Nares Patent, Turbinates Normal, Septum Intact

Face**General**

Yes: Symmetric

Inmate Name: WISE, TIMOTHY S

Date of Birth: [REDACTED]

Encounter Date: 12/05/2019 12:46

Sex: M Race: WHITE

Provider: Walters, W. RN

Reg #: 03540-063

Facility: MCD

Unit: C01

Exam:

No: Ecchymosis

Mandible

Yes: Normal Range of Motion

No: Ecchymosis

Lips**General**

Yes: Within Normal Limits

Mouth**General**

Yes: Within Normal Limits

Neck**General**

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Musculoskeletal

Yes: Within Normal Limits, Full ROM

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

No: Respiratory Distress

Cardiovascular**Observation**

Yes: Within Normal Limits

Abdomen**Inspection**

Yes: Within Normal Limits

Musculoskeletal**Elbow**

Yes: Full Range of Motion

Wrist/Hand/Fingers

Yes: Full Range of Motion

Gait

Yes: Normal Gait

Knee

Yes: Normal Exam, Full Range of Motion

Chest Wall

Yes: Normal Exam

Neurologic**Coordination - Gait**

Yes: Normal Gait

GCS-Eye Opening Response

Yes: Spontaneous-Open With Blinking At Baseline-4 pts

GCS-Verbal Response

Yes: Oriented - 5 points

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 12/05/2019 12:46

Provider: Walters, W. RN

Unit: C01

Exam:**GCS-Motor Response**

Yes: Obeys Commands for Movement-6 points

ASSESSMENT:

No Significant Findings/No Apparent Distress

Alert, Oriented x 3 resp even nonlabored no acute distress noted. skin is intact, no bruises, redness or edema noted. Denies any fights/altercations/injuries, suicidal ideations, sexual assaults or drug/Alcohol use. ambulatory without difficulty. Informed of SHU sick call protocol.

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Other:

Patient allergies reviewed and requires no updates during this visit. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/05/2019	Counseling	Access to Care	Walters, W.	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Marrero, Maria F MD/RMD**Telephone or Verbal order read back and verified.**

Completed by Walters, W. RN on 12/05/2019 12:50

Requested to be cosigned by Marrero, Maria F MD/RMD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S	Sex: M Race: WHITE	Reg #: 03540-063
Date of Birth: [REDACTED]	Provider: Carothers, Chandra PA-C	Facility: MCD
Encounter Date: 12/09/2019 10:14		Unit: C01

Mid Level Provider - Evaluation encounter performed at Other.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Carothers, Chandra PA-C

Chief Complaint: Other Problem

Subjective: Medical emergency called in C1 cell 110. I responded to the emergency and upon arrival, the cell had a strong smell of smoke. Inmate was lying on the cell floor unresponsive to verbal commands but breathing. Inmate was immediately placed in c-collar. While the backboard was being retrieved, inmate becomes combative, kicking and trying to bite staff.

Pain: Not Applicable

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
12/09/2019	10:17	122			Carothers, Chandra PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
12/09/2019	10:17 MCD	15	Carothers, Chandra PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
12/09/2019	10:17 MCD	180/109				Carothers, Chandra PA-C

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
12/09/2019	10:17 MCD	95		Carothers, Chandra PA-C

Exam:

General

Appearance

No: Alert and Oriented x 3

Skin

General

Yes: Dry, Skin Intact, Warmth

Eyes

Pupils

Yes: Dilated

Pulmonary

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally

Exam Comments

Inmate was unresponsive at first. He was transported to medical on a stretcher. In medical inmate responded to sternal rub by opening his eyes. He eventually was able to say his full name as well.

ASSESSMENT:

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 12/09/2019 10:14

Provider: Carothers, Chandra PA-C

Unit: C01

Self- harm: toxic effect of unsp substance, T6592XS - Current

PLAN:**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	12/09/2019	12/09/2019	Urgent	No	

Subtype:

Emergency Room

Reason for Request:

Inmate was found unresponsive in a smoke filled room - suspected drug overdose. He was witnessed by an officer falling down and hit his head on the bunk. His BP was 180/109 and his heart rate was 122. I am sending him to the local ER for further evaluation.

Disposition:

Consultation Written

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/09/2019	Not Done		Carothers, Chandra	No Participation

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Carothers, Chandra PA-C on 12/09/2019 10:30

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S
Date of Birth: [REDACTED]
Encounter Date: 12/10/2019 09:04

Sex: M Race: WHITE
Provider: Alexander, Robert RN

Reg #: 03540-063
Facility: MCD
Unit: Z01

Nursing - Medical Trip Return encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Alexander, Robert RN

Chief Complaint: No Complaint(s)

Subjective: Inmate returned from med trip on 12/09/2019. Denies any problems during the trip.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
12/10/2019	09:04	MCD	Unavailable	0.0	Alexander, Robert RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
12/10/2019	09:04	Unavailable			Alexander, Robert RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
12/10/2019	09:04	MCD	Unavailable Alexander, Robert RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
12/10/2019	09:04	MCD	Unavailable			Alexander, Robert RN

Exam:

General

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Head

General

Yes: Symmetry of Motor Function

Eyes

General

Yes: PERRLA

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 12/10/2019 09:04

Provider: Alexander, Robert RN

Unit: Z01

Exam:**ASSESSMENT:**

No Significant Findings/No Apparent Distress

Inmate returned from emergency med trip states no problems during the trip no new orders noted.

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>
12/10/2019	Counseling

<u>Handout/Topic</u>
Access to Care

<u>Provider</u>
Alexander, Robert

<u>Outcome</u>
Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Alexander, Robert RN on 12/10/2019 09:07

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S

Date of Birth: [REDACTED]

Encounter Date: 01/01/2020 14:17

Sex: M Race: WHITE

Provider: Wyatt, Sean RN

Reg #: 03540-063

Facility: MCD

Unit: Z02

Emergency - Altered Mental Status encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Wyatt, Sean RN**Chief Complaint:** Other Problem**Subjective:** alt mental status. probable over dose**Pain:** Not Applicable**OBJECTIVE:****Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
01/01/2020	14:18	99	Via Machine	Regular	Wyatt, Sean RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
01/01/2020	14:18 MCD	28	Wyatt, Sean RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
01/01/2020	14:18 MCD	124/82	Right Arm	Lying	Adult-large	Wyatt, Sean RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/01/2020	14:18 MCD	85	Room Air	Wyatt, Sean RN

Exam:**General****Affect**

Yes: Flat

Appearance

Yes: Lethargic, Disheveled

No: Appears Well, Alert and Oriented x 3

Skin**General**

Yes: Within Normal Limits, Dry, Skin Intact, Warmth

No: Diaphoretic

Wound

No: Wounds present

Color

No: Cyanosis

Trauma

No: Deformity, Swelling, Edema, Hematoma, Laceration, Abrasion, Puncture Wound, Hemorrhage, Ecchymosis, Burn

Head

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 01/01/2020 14:17

Provider: Wyatt, Sean RN

Unit: Z02

Exam:**General**

Yes: Atraumatic/Normocephalic

No: Fluid/Blood from Ears, Fluid/Blood From Nose, Trauma

Eyes**General**

Yes: PERRLA

Conjunctiva and Sclera

Yes: Diffuse Redness

No: Discharge

Pupils

Yes: Normal Appearing

Ears**External Ear**

Yes: Within Normal Limits

No: Draining

Nose**General**

Yes: Nares Patent

Face**General**

Yes: Symmetric

No: Ecchymosis, Swelling, Periorbital Edema, Deformity, Trauma

Lips**General**

Yes: Within Normal Limits

Mouth**General**

Yes: Within Normal Limits

Mucosa

Yes: Within Normal Limits

No: Trauma, Bleeding

Tongue

Yes: Within Normal Limits

Neck**General**

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Musculoskeletal

No: Tenderness, Swelling, Trauma, Step-offs

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Auscultation

Yes: Clear to Auscultation

Supplemental Oxygen

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 01/01/2020 14:17

Provider: Wyatt, Sean RN

Unit: Z02

Exam:

Yes: Oxygen via Nasal Cannula

Cardiovascular**Observation**

Yes: Tachycardia

Auscultation

Yes: Normal S1 and S2

Peripheral Vascular**General**

Yes: Within Normal Limits, Warmth

No: Non-Pitting Edema, Pitting Edema

Arms

Yes: Radial Pulse Normal

Legs

Yes: Dorsalis Pedis Normal

Abdomen**Inspection**

Yes: Within Normal Limits

Auscultation

Yes: Normo-Active Bowel Sounds

Gastrointestinal**General**

Yes: Within Normal Limits

Mental Health**Posture**

No: Within Normal Limits, Restless, Involuntary Movements

Facial Expressions

No: Within Normal Limits, Appropriate Expression

Speech/Language

No: Responsive to Questions

Exam Comments

eyes 5-6 mm sluggish to light. room air o2 sat 85%, placed on 2 liters nasal cannula and the sats increased to 97%.

at one point the pulse ox was showing 150 bpm, 12 lead obtained and hr of 107, nothing to note from nursing stand point, given to PA Carothers for interpretation.

MS assessment. due to the altered mental status a full MS assessment can not be completed. inmate would flex with painful stimuli.

in regards to mental health. the inmate was given narcan nasal spray. after about 5min he did arouse some, stated he has a seizure and we didn't believe him. after this one episode. inmate would only look at nurse upon verbal stimuli, but would not talk nor give any answers to questions. please note no resp depression, no pin point pupils during assessment.

ASSESSMENT:

Behavior-Altered

see the section for assessments/exams. upon nurse arrival, found the inmate on the floor shaking his arms. inmate

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 01/01/2020 14:17

Provider: Wyatt, Sean RN

Unit: Z02

was breathing, no cyanosis noted. inmate taken to medical and was given nasal narkan, and full assessment completed. called for ambulance transport ALS crew. jan care ambulance transported. PA Carothers was notified via phone prior to transport.

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Naloxone Nasal Liquid 4 MG/0.1ML	01/01/2020 14:17	4mg Per Nostril One Time Dose Given PRN x 0 day(s) Pill Line Only

Start Now: Yes**Night Stock Rx#:****Source:** Pyxis**Admin Method:** Pill Line**Stop Date:** 01/01/2020 14:02**MAR Label:** 4mg Per Nostril One Time Dose Given PRN x 0 day(s) Pill Line Only**One Time Dose Given:** Given Now**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	01/01/2020	01/01/2020	Emergent	No	

Subtype:

Welch Hospital

Reason for Request:

altered mental status, probable drug over dose

Disposition:

Notify PA Duty Officer

Transfer to Local Hospital

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/01/2020	Counseling	Access to Care	Wyatt, Sean	No Participation

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Marrero, Maria F MD/RMD**Telephone or Verbal order read back and verified.**

Completed by Wyatt, Sean RN on 01/01/2020 17:01

Requested to be cosigned by Marrero, Maria F MD/RMD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Carothers, Chandra PA-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S

Date of Birth: [REDACTED]

Encounter Date: 01/06/2020 08:50

Sex: M Race: WHITE

Provider: Wyatt, Sean RN

Reg #: 03540-063

Facility: MCD

Unit: Z01

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Wyatt, Sean RN**Chief Complaint:** Medical Trip Return**Subjective:** this is a late note for this inmate for return from welch hosp.**Pain:** Yes**Pain Assessment****Date:** 01/06/2020 08:50**Location:** Back-Lower**Quality of Pain:** Throbbing**Pain Scale:** 10**Intervention:** Medication**Trauma Date/Year:****Injury:****Mechanism:****Onset:** 3-5 Days**Duration:** 3-5 Days**Exacerbating Factors:** pain is constant**Relieving Factors:** none**Reason Not Done:****Comments:** unsure of the date time of the start of the back pain. inmate states he is in distress**OBJECTIVE:****Exam:****General****Affect**

Yes: Cooperative, Agitated

Appearance

Yes: Appears Distressed, Alert and Oriented x 3

Skin**General**

No: Within Normal Limits, Skin Intact

Musculoskeletal**Shoulder**

Yes: Normal Exam

Humerus

Yes: Within Normal Limits

Elbow

Yes: Normal Exam

Inmate Name: WISE, TIMOTHY S
Date of Birth: [REDACTED]
Encounter Date: 01/06/2020 08:50

Sex: M Race: WHITE
Provider: Wyatt, Sean RN

Reg #: 03540-063
Facility: MCD
Unit: Z01

Exam:**Radius / Ulna**

Yes: Normal Exam

Wrist/Hand/Fingers

Yes: Normal Exam

Spine-Cervical

Yes: Normal Exam

Spine-Thoracic

Yes: Normal Exam

Spine-Lumbar

Yes: Normal Exam

Gait

Yes: Normal Gait

Hip

Yes: Normal Exam, Ecchymosis

Femur

Yes: Normal Exam, Ecchymosis

Knee

Yes: Normal Exam

Tibia / Fibula

Yes: Normal Exam

Ankle/Foot/Toes

Yes: Normal Exam

Chest Wall

Yes: Normal Exam

Back

Yes: Symmetric, Neurovascular Intact, Tenderness

Neurologic**Motor System-General**

Yes: Normal Exam

Mental Health**Posture**

Yes: Within Normal Limits, Agitated, Restless

Grooming/Hygiene

Yes: Within Normal Limits

Facial Expressions

Yes: Within Normal Limits

Affect

Yes: Anxious

Mood

Yes: Anxiety

Exam Comments

inmate showed nurse 2 areas one on the hip and on the anterior thigh which is bruised. inmate stated the bruised are

Inmate Name: WISE, TIMOTHY S
 Date of Birth: [REDACTED]
 Encounter Date: 01/06/2020 08:50

Sex: M Race: WHITE
 Provider: Wyatt, Sean RN

Reg #: 03540-063
 Facility: MCD
 Unit: Z01

from a seizure.

ASSESSMENT:

Pain - Back
 med trip return, late entry.

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

no injury trip falls while at the hosp. inmate c/o of lower back pain from a seizure. reported this to PA, see orders

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Ibuprofen Tablet	01/06/2020 08:50	1 tab (800 mg) Orally Mouth every 8 hours x 5 day(s)

Start Now: Yes

Night Stock Rx#: 11413-CP1

Source: Night Stock

Admin Method: Self Administration

Stop Date: 01/11/2020 08:49

MAR Label: day(s)

One Time Dose Given: No

Disposition:

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens
 Return To Sick Call if Not Improved

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/06/2020	Counseling	Access to Care	Wyatt, Sean	No Participation

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Marrero, Maria F MD/RMD

Telephone or Verbal order read back and verified.

Completed by Wyatt, Sean RN on 01/06/2020 09:28

Requested to be cosigned by Marrero, Maria F MD/RMD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Carothers, Chandra PA-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WISE, TIMOTHY S		Reg #: 03540-063
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: MCD
Note Date: 01/08/2020 07:34	Provider: Carothers, Chandra PA-	Unit: Z04

Admin Note - Consultation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Carothers, Chandra PA-C

Consult for follow up after ER trip.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Neurology	06/30/2020	06/30/2020	Routine	No	

Subtype:

Neurology, NOS

Reason for Request:

Inmate was sent to the ER twice for altered mental status after suspected overdose. The ER recommended that he follow up with Neurology

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Carothers, Chandra PA-C on 01/08/2020 07:42

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WISE, TIMOTHY S
Date of Birth: [REDACTED]
Encounter Date: 01/29/2020 15:15

Sex: M Race: WHITE
Provider: Dankwa, Vibeke MD

Reg #: 03540-063
Facility: MCD
Unit: Z06

Chronic Care - Chronic Care Clinic encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Dankwa, Vibeke MD

Chief Complaint: INFECTIOUS DISEASE

Subjective: Pt was seen in SHU
He is a 47yo with hx of HCV.
S/P treatment with Harvoni
I/M denies any abdominal pain/distension, nausea, vomiting, or jaundice.
Viral load has not been collected due to a timing issue. Will reorder

Patient allergies reviewed and updates applied during this visit if indicated. See Chart for most recent patient allergy list. NKDA

Pain: No

COMPLAINT 2 **Provider:** Dankwa, Vibeke MD

Chief Complaint: NEUROLOGY

Subjective: Hx of seizure d/o. States he had a head trauma in 2007
Was on seizure medication Oxcarbazapine (Trileptal). States he was on medications for 18months.
Per BEMR review, he was on Oxcarbazapine in 2009 for seizure disorder, but then was switched to taking it as well as other neuroleptics for nerve pain.
Recently he has been sent to the ER for altered mental status with recommendations to start Keppra and follow-up with neurology. Neuro consult has already been placed.
Denies any seizure activity since his return.

Pain: No

Seen for clinic(s): Infectious Disease, Neurology

Added to clinic(s): Neurology

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
01/29/2020	15:15	89			Dankwa, Vibeke MD
01/01/2020	14:18	99	Via Machine	Regular	Wyatt, Sean RN

Respirations:

Date	Time	Rate Per Minute	Provider
01/29/2020	15:15 MCD	14	Dankwa, Vibeke MD
01/01/2020	14:18 MCD	28	Wyatt, Sean RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
01/29/2020	15:15 MCD	136/97				Dankwa, Vibeke MD
01/01/2020	14:18 MCD	124/82	Right Arm	Lying	Adult-large	Wyatt, Sean RN

SaO2:

Date	Time	Value(%)	Air	Provider
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Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 01/29/2020 15:15

Provider: Dankwa, Vibeke MD

Unit: Z06

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/29/2020	15:15 MCD	100		Dankwa, Vibeke MD
01/01/2020	14:18 MCD	85	Room Air	Wyatt, Sean RN

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
01/29/2020	15:15 MCD	223.0	101.2		Dankwa, Vibeke MD

Exam:**General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin**General**

Yes: Within Normal Limits

Eyes**General**

Yes: Extraocular Movements Intact

Pulmonary**Auscultation**

Yes: Clear to Auscultation

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Musculoskeletal**Gait**

Yes: Normal Gait

Neurologic**Cranial Nerves (CN)**

Yes: CN 2-12 Intact Grossly

ASSESSMENT:Hepatitis C, chronic w/o mention of hepatic coma, 070.54 - Current - *S/P treatment with Harvoni. Awaiting viral load*

Neck pain, cervicalgia, 723.1 - Current

Seizure disorder, other convulsions, 780.39 - Current - *Recently sent to ER for altered mental status. Will restart oxcarbazepine*

Acute sinusitis, J0190 - Resolved

Allergic rhinitis, J309 - Resolved

Bronchitis, J40 - Resolved

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	OXcarbazepine Tablet	01/29/2020 15:15

Inmate Name: WISE, TIMOTHY S

Reg #: 03540-063

Date of Birth: [REDACTED]

Sex: M Race: WHITE

Facility: MCD

Encounter Date: 01/29/2020 15:15

Provider: Dankwa, Vibeke MD

Unit: Z06

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
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Prescriber Order: 300mg Orally - Two Times a Day x 180 day(s) Pill Line Only**Indication:** Seizure disorder, other convulsions**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-Lipid Profile	One Time	10/26/2020 00:00	Routine
Lab Tests - Short List-General-Comprehensive			
Metabolic Profile (CMP)			

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Clinical Encounter	07/08/2020 00:00	MLP 01
medication renewal		
Chronic Care Visit	12/29/2020 00:00	Physician 01
1yr CCC		
Last CCC was 1/29/2020		

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

Unclear of whether pt had a true seizure. Will do a trial of Trileptal while awaiting neurology referral

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/31/2020	Counseling	Plan of Care	Dankwa, Vibeke	Verbalizes Understanding
	See assessment			

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Dankwa, Vibeke MD on 01/31/2020 06:15

WISE,TIMOTHY WEL000142648

Imaging

*** WORK COPY ONLY ***

Printed: 08-Jan-2020 09:50

Electronically signed by: Henry L Setliff, MD on: 1/1/2020 4:24 PM

Primary Diagnostic Code:

Primary Interpreting Staff:

HENRY L SETLIFF, MD, Staff Physician

Verified by HENRY L SETLIFF, MD

/HLS

=====

Detailed Report

CHEST 2 VIEWS PA & LAT

Exm Date: JAN 1, 2020@15:15

Req Phys: SUTHERLAND, ROBERT B

Pat Loc: ER (Req'g Loc)

Img Loc: WEL X-RAY

Service: Unknown

(Case 1260 COMPLETE) CHEST 2 VIEWS PA & LAT

(RAD Detailed) CPT:71046

Reason for Study: Fall

Clinical History:

47M history seizures found standing in his cell today non verbal. Guards presents denied fall or injury today but patient states he had a seizure yesterday and fell. Patient seen here on 12/9/19 for similar episode. Patient states prison is not giving him his seizure medication. Guards states patient cellmate also "altered" so raises question of intoxicant. Patient A&O upon my exam and follows all commands. Vitals stable. Thank you

Report Status: Verified

Date Reported: JAN 1, 2020

Verifier E-Sig:

Date Verified: JAN 1, 2020

Report:

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 03540-063

Inmate Name: WISE, TIMOTHY S

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☒ cell: ☐ cell on first floor ☐ single cell ☒ lower bunk ☐ airborne infection isolation Exp. Date: 10/30/2020
☒ other: Care level 1 Exp. Date: _____
 History Epilepsy, in Remission

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:**Work Restriction / Limitation:**Cleared for Food Service: Yes

Restriction	Expiration Date
No Climbing	10/31/2019
No Driving	10/31/2019
No Work Around Potentially Dangerous Machinery	10/31/2019
No Ladders	10/31/2019

Comments: medical care level 1**Alexander, Robert RN****07/23/2019**

Health Services Staff

Date

Inmate Name: WISE, TIMOTHY S Reg #: 03540-063 Quarters: Z06**ALL EXPIRATION DATES ARE AT 24:00**

Bureau of Prisons
Health Services
Patient Education Assessments & Topics

Reg #: 03540-063

Inmate Name: WISE, TIMOTHY S

Assessments

<u>Assessment</u>	<u>Learns Best By</u>	<u>Primary Language</u>	<u>Years of Education</u>	<u>Barriers To Education</u>	<u>Provider</u>
Total: 0					

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
01/31/2020	Counseling	Plan of Care	Verbalizes Understanding	Dankwa, Vibeke
See assessment				
Orig Entered: 01/31/2020 06:14 EST Dankwa, Vibeke				
01/06/2020	Counseling	Access to Care	No Participation	Wyatt, Sean
Orig Entered: 01/06/2020 09:28 EST Wyatt, Sean				
01/01/2020	Counseling	Access to Care	No Participation	Wyatt, Sean
Orig Entered: 01/01/2020 17:01 EST Wyatt, Sean				
12/10/2019	Counseling	Access to Care	Verbalizes Understanding	Alexander, Robert
Orig Entered: 12/10/2019 09:07 EST Alexander, Robert				
12/09/2019	Not Done		No Participation	Carothers, Chandra
Orig Entered: 12/09/2019 10:30 EST Carothers, Chandra				
12/05/2019	Counseling	Access to Care	Verbalizes Understanding	Walters, W.
Orig Entered: 12/05/2019 12:50 EST Walters, W.				
10/29/2019	Counseling	Access to Care	Verbalizes Understanding	Walters, Tiffany
Orig Entered: 10/29/2019 14:28 EST Walters, Tiffany				
09/24/2019	Counseling	Access to Care	Verbalizes Understanding	Alexander, Robert
Orig Entered: 09/24/2019 14:26 EST Alexander, Robert				
08/19/2019	Counseling	Plan of Care	Verbalizes Understanding	Vest, S.
Orig Entered: 08/19/2019 14:03 EST Vest, S.				
07/30/2019	Medication	Ibuprofen 800 MG Tab	Pharmacy No participation	Walters, W.
Orig Entered: 07/30/2019 06:48 EST Walters, W.				
07/30/2019	Medication	Triamcinolone 0.1% 15 GM Cream	Pharmacy No participation	Walters, W.

Reg #: 03540-063

Inmate Name: WISE, TIMOTHY S

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
	Orig Entered: 07/30/2019 06:48 EST	Walters, W.		
07/03/2019	Counseling	Plan of Care	Verbalizes Understanding	Winston, James
	Orig Entered: 07/03/2019 15:39 EST	Winston, James		
05/14/2019	Counseling	Access to Care	Verbalizes Understanding	Schaefer, K.
	Wash abraded areas with soap and water 2-3 times a day, repost any s/s of infection			
	Orig Entered: 05/14/2019 21:07 EST	Schaefer, K.		
04/11/2019	Medication	Ibuprofen 400 MG Tab	Pharmacy No participation	Askew, Kimberley
	Orig Entered: 04/11/2019 11:56 EST	Askew, Kimberley		
04/11/2019	Medication	Penicillin VK 500 MG Tab	Pharmacy No participation	Askew, Kimberley
	Orig Entered: 04/11/2019 11:56 EST	Askew, Kimberley		
04/11/2019	Handout	Dental Extractions - Post-operative Care	Verbalizes Understanding	Quinones, Glidden
	Patient was advice to avoid blowing the nose for 4 weeks to prevent an oroantral fistula.			
	Orig Entered: 04/11/2019 11:16 EST	Quinones, Glidden		

Total: 16

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 03540-063

Inmate Name: WISE, TIMOTHY S

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Hepatitis C, chronic w/o mention of hepatic coma						
01/31/2020 06:10 EST Dankwa, Vibeke MD S/P treatment with Harvoni. Awaiting viral load	III	ICD-9	070.54	12/04/2008	Current	10/13/2009
10/31/2018 14:58 EST Lawrence, W. MD inmate was approved for treatment of hepatitis C with Harvoni, will put in order for us for starting the medication.	III	ICD-9	070.54	12/04/2008	Current	10/13/2009
12/04/2008 12:20 EST Roman, Rafael MD	III	ICD-9	070.54	12/04/2008	Current	12/04/2008
Cyst of thyroid						
06/15/2015 17:28 EST Lepiane, R. MD/CD several small thyroid cysts(? colloid cysts) noted on his previous thyroid ultrasound in 2012	III	ICD-9	246.2	06/15/2015	Current	06/15/2015
Other and unspecified hyperlipidemia						
10/31/2018 16:11 EST Lawrence, W. MD need labs.	III	ICD-9	272.4	06/15/2015	Current	06/15/2015
06/15/2015 17:48 EST Lepiane, R. MD/CD	III	ICD-9	272.4	06/15/2015	Current	06/15/2015
Chronic apical periodontitis						
08/14/2012 11:39 EST Forster, Teri D. DDS Early periodontitis	III	ICD-9	522.6	05/06/2011	Current	05/06/2011
06/16/2009 16:04 EST McCullough, Ray M. DDS	III	ICD-9	522.6	06/16/2009	Current	06/16/2009
Seborrhea capitis						
06/15/2015 17:47 EST Lepiane, R. MD/CD	III	ICD-9	690.11	06/15/2015	Current	06/15/2015
Neck pain, cervicalgia						
06/15/2015 17:25 EST Lepiane, R. MD/CD Chronic neck pain x since 2007 (Fracture C6 spinous process)	III	ICD-9	723.1	06/15/2015	Current	06/15/2015
Low back pain, lumbago						
06/15/2015 17:43 EST Lepiane, R. MD/CD Chronic lower back since 2005	III	ICD-9	724.2	06/15/2015	Current	06/15/2015
Enthesopathy of knee, unspecified						
06/15/2015 17:36 EST Lepiane, R. MD/CD Chronic right knee pain > 10 year (last trauma 2007 assault)	III	ICD-9	726.60	06/15/2015	Current	06/15/2015
Trigger finger (acquired)						

Reg #: 03540-063

Inmate Name: WISE, TIMOTHY S

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
06/15/2015 17:25 EST Lepiane, R. MD/CD seen by ortho on 10-23-2014, Dupuytren's contracture, no surgery needed	III	ICD-9	727.03	06/15/2015	Current	06/15/2015
06/15/2015 17:22 EST Lepiane, R. MD/CD	III	ICD-9	727.03	06/15/2015	Current	06/15/2015
Nerve pain, neuralgia neuritis, radiculitis						
10/08/2010 11:15 EST Gaia, Cynthia APN-BL Cervicalgia secondary to DJD/trauma	III	ICD-9	729.2	2007	Current	04/26/2010
04/26/2010 15:15 EST Carver, Robert M.D. Cervicalgia secondary to DJD/trauma	III	ICD-9	729.2	2007	Current	04/26/2010
Seizure disorder, other convulsions						
01/31/2020 06:10 EST Dankwa, Vibeke MD Recently sent to ER for altered mental status. Will restart oxcarbazepine	III	ICD-9	780.39	06/15/2015	Current	06/15/2015
10/31/2018 16:11 EST Lawrence, W. MD Seizure disorder (last seizure was 2 months ago)keep inmate at lower bunk and work restrictions.	III	ICD-9	780.39	06/15/2015	Current	06/15/2015
06/15/2015 17:39 EST Lepiane, R. MD/CD Seizure disorder (last seizure was 2 months ago)	III	ICD-9	780.39	06/15/2015	Current	06/15/2015
Embedded teeth						
01/09/2019 15:30 EST Quinones, Glidden DDS/SERO MAST		ICD-10	K010	01/09/2019	Current	
Chronic apical periodontitis						
01/09/2019 15:30 EST Quinones, Glidden DDS/SERO MAST		ICD-10	K045	01/09/2019	Current	
Periapical abscess with sinus						
01/09/2019 15:30 EST Quinones, Glidden DDS/SERO MAST		ICD-10	K046	01/09/2019	Current	
Periapical abscess without sinus						
01/05/2017 08:18 EST Powell, Jason DDS Tooth #7		ICD-10	K047	01/05/2017	Current	
Periodontitis						
01/09/2019 15:42 EST Quinones, Glidden DDS/SERO MAST Furca involvement and inter radicular abscess with active fistula at vestibule.		ICD-10	K0530	01/09/2019	Current	
Unsatisfactory restoration of tooth						
03/14/2016 11:31 EST Beasley, Willie DDS		ICD-10	K0850	03/14/2016	Current	
Self- harm: toxic effect of unsp substance						
12/09/2019 10:27 EST Carothers, Chandra PA-C		ICD-10	T6592X	12/09/2019	Current	

BP-A0621

Nov 12

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**U.S. Department of Justice****Federal Bureau of Prison****Certification of Identity**

Privacy Act Statement. In accordance with 28 CFR Section 166.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the record of individuals who are the subject of US Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, US Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (110370016), Washington, DC 20503.

Full Name Of Currently or Previously Incarcerated Individual WISE, TIMOTHY S	Register Number 03540-063	Current Address
Date of Birth 08/09/1972	Place of Birth	Social Security Number

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5000.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to

☒ release information to, OR ☐ obtain information from

Name/Facility: Welch Community Hospital

Address:

City, State, Zip: Welch , West Virginia, 24801

I understand the information is to be used for (specific reason for release of information):

☒ Continuation of care, or ☐ Other

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from **(dates):** 12/09/2019 to 12/10/2019

This is to include:

<input checked="" type="checkbox"/> Complete Record	<input checked="" type="checkbox"/> Discharge Summary	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Operative Reports
<input checked="" type="checkbox"/> Consultations	<input checked="" type="checkbox"/> Progress Notes	<input checked="" type="checkbox"/> X-ray Reports	<input checked="" type="checkbox"/> Pathology Reports
<input checked="" type="checkbox"/> Laboratory Reports		<input checked="" type="checkbox"/> Actual Films	<input checked="" type="checkbox"/> Actual Slides
		<input type="checkbox"/> Will be returned OR	<input type="checkbox"/> Will be returned OR
		<input type="checkbox"/> Duplicates accepted	<input type="checkbox"/> Duplicates accepted

☒ Other: ANY & ALL

Signature

Date

Signature of current or formerly incarcerated individual requesting the release of his/her records.